

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>152542</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/23/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>FRESENIUS MEDICAL CARE NEPHROLOGY BLACKTHORN</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>6201 NIMTZ PKWY</b> <b>SOUTH BEND, IN 46628</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{V 000}	INITIAL COMMENTS  This was a revisit for a federal ESRD recertification survey conducted April 22 - 25, 2013.  Survey Date: 5/23/13  Facility #: 009879  Medicaid Vendor #: 200032320C  Surveyor: Ingrid Miller, MS, BSN, RN  Number of inpatient hemodialysis patients: 137  One Condition for Coverage and 8 standard level deficiencies were found corrected, and 6 standard level deficiencies are to be corrected by 8/7/13.  Quality Review: Joyce Elder, MSN, BSN, RN May 24, 2013			{V 000}			
{V 516}	494.80(b)(1) PA-FREQUENCY-INITIAL-30 DAYS/13 TX  An initial comprehensive assessment must be conducted on all new patients (that is, all admissions to a dialysis facility), within the latter of 30 calendar days or 13 hemodialysis sessions beginning with the first dialysis session.  This STANDARD is not met as evidenced by: On 5/23/13 at 5:45 PM, the director of operations indicated this citation would be corrected by 8/7/13 as was identified in the accepted plan of correction for the recertification survey.			{V 516}			
{V 517}	494.80(b)(2) PA-F/U REASSESSMENT-WITHIN			{V 517}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{V 517}	Continued From page 1 3 MO OF INITIAL  A follow up comprehensive reassessment must occur within 3 months after the completion of the initial assessment to provide information to adjust the patient's plan of care specified in §494.90.  This STANDARD is not met as evidenced by: On 5/23/13 at 5:45 PM, the director of operations indicated this citation would be corrected by 8/7/13 as was identified in the accepted plan of correction for the recertification survey.	{V 517}			
{V 519}	494.80(d)(1) PA-FREQUENCY REASSESSMENT-STABLE 1X/YR  In accordance with the standards specified in paragraphs (a)(1) through (a)(13) of this section, a comprehensive reassessment of each patient and a revision of the plan of care must be conducted- (1) At least annually for stable patients;	{V 519}			
{V 542}	494.90(a) POC-IDT DEVELOPS PLAN OF CARE  The interdisciplinary team must develop a plan of care for each patient.  This STANDARD is not met as evidenced by:	{V 542}			

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{V 542}	Continued From page 2 On 5/23/13 at 5:45 PM, the director of operations indicated this citation would be corrected by 8/7/13 as was identified in the accepted plan of correction for the recertification survey.	{V 542}			
{V 556}	494.90(b)(1) POC-COMPLETED/SIGNED BY IDT & PT  The patient's plan of care must- (i) Be completed by the interdisciplinary team, including the patient if the patient desires; and (ii) Be signed by the team members, including the patient or the patient's designee; or, if the patient chooses not to sign the plan of care, this choice must be documented on the plan of care, along with the reason the signature was not provided.	{V 556}			
{V 557}	This STANDARD is not met as evidenced by: On 5/23/13 at 5:45 PM, the director of operations indicated this citation would be corrected by 8/7/13 as was identified in the accepted plan of correction for the recertification survey. 494.90(b)(2) POC-INITIAL IMPLEMENTED-30 DAYS/13 TX  Implementation of the initial plan of care must begin within the latter of 30 calendar days after admission to the dialysis facility or 13 outpatient hemodialysis sessions beginning with the first outpatient dialysis session.  This STANDARD is not met as evidenced by: On 5/23/13 at 5:45 PM, the director of operations indicated this citation would be corrected by 8/7/13 as was identified in the accepted plan of correction for the recertification survey.	{V 557}			